

Purchasing Contact:
Marcie Wilson, PSO II

Telephone Number:
(860) 622-2329

STATE OF CONNECTICUT
DEPARTMENT OF INFORMATION TECHNOLOGY
CONTRACTS & PURCHASING DIVISION
101 EAST RIVER DRIVE, 4th Floor
EAST HARTFORD, CT 06108-3274

Contract Award #

B-04-014

Contract Award Date

August 25, 2004

Expiration Date

August 25, 2007

CONTRACT AWARD

IMPORTANT: THIS IS NOT A PURCHASE ORDER. DO NOT PRODUCE OR SHIP WITHOUT AN AGENCY PURCHASE ORDER.

COMMODITY CLASS/SUBCLASS & DESCRIPTION: **5020 Medical Software**

FOR:

Department of Information Technology
101 East River Drive
East Hartford, CT 06108

DELIVERY DATE REQ'D:

Earliest Guaranteed Delivery Date

TERM OF CONTRACT:

August 25, 2004 – August 25, 2007

AGENCY REQUISITION NUMBER: **OIS016**

IN STATE (NON-SB) CONTRACT VALUE	DAS CERTIFIED SMALL BUSINESS CONTRACT VALUE	OUT OF STATE CONTRACT VALUE	TOTAL CONTRACT AWARD VALUE
--	--	\$7,192.00	\$7,192.00

NOTICE TO CONTRACTORS: This notice of award is not an order to ship. The using agency or agencies on whose behalf the contract is made will furnish purchase orders against contracts. Send invoices directly to the using/ordering agency per instructions on purchase order.

NOTE: Dollar amounts listed next to each contractor are possible award amounts, however, they do not reflect any expected purchase amounts (actual or implied). They are for CHRO use only.

NOTICE TO AGENCIES: A complete explanatory report shall be furnished promptly to the Director concerning items delivered and/or services rendered on orders placed against awards listed herein which are found not to comply with the specifications or which are otherwise unsatisfactory from the agency's viewpoint, as well as failure of the contractor to deliver within a reasonable period of time specified. Please issue orders and process invoices promptly.

- ▶ **CASH DISCOUNTS:** Cash discounts, if any, shall be given SPECIAL ATTENTION, but such cash discount shall not be taken unless payment is made within the discount period.
- ▶ **PRICE BASIS:** Unless otherwise noted, prices include delivery and transportation charges fully prepaid f.o.b. agency. No extra charge is to be made for packing or packages.

CONTRACTOR INFORMATION:

Company Name: **Thomson Healthcare Inc., (Micromedex)**

Address: **6200 S. Syracuse Way, Suite 300, Greenwood Village, Colorado 80111-4740**

Tel. No.: **(303)486-6707**

Fax No.: **(303)486-6464**

Contract Value: **\$7,192.00**

Contact Person: **Jan Sbarbaro**

SSN/FEIN #: **59-2811463**

Delivery: **14 days ARO**

Certification Type:
(SBE, MBE, WBE or None)

Terms: **Net 45 Days**

Supply to Political Sub-Divisions:

Company E-mail Address: **www.thomson.com**

APPROVED

Date Issued: September 22, 2004

Holly Miller-Sullivan

Director of Contract & Purchasing Division

(Original Signature on Document in Procurement Files)